



## DECLARATION OF CHANGE OF NAME

### Instructions

To change the name on your credentials, certificates, or permits, you must submit **all** the following:

- A completed Declaration of Change of Name form (below and on reverse) showing your former name and signature, and your new name and signature, for each credential, certificate or permit which you wish to have issued in your new name
  - The original document, of each credential, certificate, or permit, which you wish to have reissued in your new name. If you cannot submit your document(s) please attach a signed statement that you have made a thorough search for the document and it has been lost or destroyed
  - Twenty-seven dollars and fifty cents (\$27.50) (fees are subject to change) for each credential, certificate, or permit which you wish to have reissued in your new name
  - A Livescan receipt (41-LS) (fees collected by the livescan operator), or two fingerprint cards with \$24.00 (FBI) and \$32.00 (Department of Justice) (fees are subject to change) processing fees may be required if your record does not show previous fingerprint clearance (You will be notified, after we review this name change request, if fingerprint clearance is required.)
- *If you prefer, you may change your name at the time that you renew your credential, certificate, or permit instead of submitting this name change form now. To do this you must submit a completed application form that shows both your former name and the name that you want to have on the renewed document. The current application fee is \$55 (fees are subject to change) and there is no additional charge for the name change.*
- *Our processing time for the issuance of new documents is two to four months from the date we receive the needed materials and fees.*

I have changed my name from \_\_\_\_\_

to \_\_\_\_\_

and hereby request that all records bearing my former name be corrected to show my new name.

I certify that the foregoing is true and correct under penalty of perjury.

Dated \_\_\_\_\_

at \_\_\_\_\_  
(City or Place)

\_\_\_\_\_  
(Signature, former name)

\_\_\_\_\_  
(Signature, new name)

**REQUEST FOR NAME CHANGE**  
(Complete both sides)

**Mail to:** STATE OF CALIFORNIA  
CALIFORNIA COMMISSION ON TEACHER  
CREDENTIALING  
BOX 944270 (1900 Capitol Avenue)  
SACRAMENTO, CALIFORNIA 94244-2700

**Route To:** \_\_\_\_\_

Commission Use Only: Fee Information	
APP	FP
EXAM	OTHER

Fee Stamp

Issuance Date: \_\_\_\_\_

**1. PERSONAL INFORMATION (Type or print)**

Social Security Number:  -  -

Date of Birth  -  -   
Month Day Year

Applicant's Full Legal Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Mailing Address

City State ZIP Code

All Former/Maiden Name(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ County of Employment \_\_\_\_\_

Commission Use Only

**Do not write below this line**

☐ Mail PGM ☐ Mail To \_\_\_\_\_

FPRT date of first FPCO still in MI \_\_\_\_\_

CO Initials \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ Reject Mailed

☐ FPCO Mailed

FP Reject:

DOJ/FBI Initials \_\_\_\_\_ Date \_\_\_\_\_

DOJ/FBI \_\_\_\_\_

DOJ/FBI \_\_\_\_\_

Bar Coded Label